## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA	
	C C00499020
Check if 24-hour report X 48-hour report New report Amends report filed on	
Full Name of Payee	Date of Public Distribution/Dissemination
Bluegrass Extended Stay	04 02 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2753 RIchmond Rd.	Amount
City State Zip Code	62.45
Lexington KY 40509	Transaction ID : SE.12106  Date of Disbursement or Obligation
Purpose of Expenditure IE-McConnell-Travel  Category/ Type 002	04 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	ce Sought: House District: 00
MITCH MCCONNELL Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought  Disb. 248707.56	oursement For: X Primary General  Other (specify)
Full Name of Payee Chick Fil-A	Date of Public Distribution/Dissemination
Mailing Address 5001 Shelbwille Rd	04 04 2014
Malling Address 5001 Shelbyville Rd.	Amount
City State Zip Code	265.00
Louisville KY 40299	Transaction ID : SE.12105  Date of Disbursement or Obligation
Purpose of Expenditure IE-McConnell-Catering  Category/ Type 004	04 / 04 / 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
MITCH MCCONNELL Oppose	President X Senate State: KY
Calendar Year-To-Date Per Election for Office Sought  Dist 255946.32	oursement For:
<u>'</u>	
(a) SUBTOTAL of Itemized Independent Expenditures	327.45
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
2 4.10	04 11 2014
Signature	